

|                            |                                                                                                                                                                                                                                  |                |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Date Received              | <p align="center"><b>Texas Commission on<br/>Fire Protection<br/>Fire Service Standards &amp; Certification Division</b></p> <p align="center">P.O. Box 2286, Austin, Texas 78768-2286<br/>(512) 936-3838 FAX (512) 936-3808</p> | Date Processed |
|                            |                                                                                                                                                                                                                                  |                |
|                            |                                                                                                                                                                                                                                  | Processed By   |
| Confirmation of Commission |                                                                                                                                                                                                                                  |                |

|          |                 |
|----------|-----------------|
| FDID No. | Department Name |
|          |                 |

### AFFIDAVIT OF TCOLE COMMISSION

**(To be completed by the individual that is authorized by TCOLE to commission Law Enforcement Officers.)**

**State of Texas**

County of \_\_\_\_\_

I, (print name) \_\_\_\_\_ am the recognized and authorized person to commission Peace Officers as identified by the Texas Commission on Law Enforcement and as such, I am the (title) \_\_\_\_\_ of the above named Political Subdivision or State Agency and do hereby confirm that (name of Investigator) \_\_\_\_\_ is a duly **COMMISSIONED PEACE OFFICER** in this jurisdiction.

IN TESTIMONY WHEREOF, I have hereto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_

\_\_\_\_\_  
Signature

### INVESTIGATOR AFFIDAVIT

|              |           |        |            |                        |
|--------------|-----------|--------|------------|------------------------|
| FIDO PIN No. | Last Name | Suffix | First Name | Middle Name or Initial |
|              |           |        |            |                        |

**(To be completed by the Applicant.)**

**State of Texas**

County of \_\_\_\_\_

I, do hereby solemnly swear that I am a duly licensed peace officer of the State of Texas and that I have been **Commissioned as a PEACE OFFICER** for the above jurisdiction and that I have taken the prescribed **Oath of Office** as such.

IN TESTIMONY WHEREOF, I have hereto set my hand this \_\_\_\_\_ day of \_\_\_\_\_ A.D. \_\_\_\_\_.

\_\_\_\_\_  
Signature

**Purpose:** This form must accompany all applications for arson investigator certification (TCFP-002). Anytime there is a change in the entity that holds an arson investigator's peace officer commission, a new Confirmation of Commission (TCFP-004) must be submitted by the arson investigator. The commission will not reflect an arson investigator's certification as active without a current Confirmation of Commission on file.

**Date Received:** Reserved for agency use.  
**Date Processed:** Reserved for agency use.  
**Processed By:** Reserved for agency use.

**FDID No.:** The identification number assigned to the department by the commission.

**Department Name:** The name of the department that holds the individual's TCOLE commission as a peace officer.

### **AFFIDAVIT OF TCOLE COMMISSION**

*This section of the form is to be completed by the individual that is authorized by TCOLE to commission law enforcement officers.*

**County of:** The name of the county where the entity is located.

**(print name):** The name of the individual that is the TCOLE authorized individual who holds the commissions of law enforcement officers for the entity.

**(title):** The title of the individual named above.

**(name of investigator):** Name of the individual arson investigator being certified.

**(date):** Date of the action

**Signature:** Signature of the individual attesting the information.

### **INVESTIGATOR AFFIDAVIT**

*This section of the form is to be completed by the applicant.*

**FIDO Pin number:** Applicant's TCFP FIDO PIN number.

**Last Name:** Applicant's last name

**Suffix:** Jr., Sr., III etc.

**First Name:** Applicant's first name.

**Middle name or initial:** Applicant's middle name or initial, if applicable.

**County of:** Name of the county where the entity is located.

**(date):** Date of the action.

**Signature:** Legal signature of the individual attesting to the information.